

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS ENFORCEMENT  
PUBLIC WORKS UNIT

FOR OFFICE USE ONLY	
Proceeding Number	Action
Date Taken	Taken By

### PUBLIC WORKS – INITIAL REPORT

The Following information is important and must be provided.

Please Print

Last Name	First Name	Initial	Social Security No.	No. of Tax Exemptions	
Your Address No. and Street, Apt or Space No.			City	State	Zip
Home Tel. No.	Work Tel. No.	California Driver License No.		Date of Birth	
Project Name					
Location of Project Address, City, County					

### AGAINST

NOTE: A separate form must be completed for each project in which you are alleging a violation of prevailing wages.

Name of Business		Contractor's Lic. No.
Address of Business (include Zip Code)		Business Tel. No.
Name of Person in Charge	Title	

### AWARDING BODY

Awarding Body (name of public agency)	Contact Person	Phone Number
Address	Date project began	Proposed final date

### GENERAL CONTRACTOR

General Contractor	Contact Person	Phone Number
Address		

Brief explanation of issues. (Use additional Sheet if necessary.)

PLEASE CONTINUE TO THE OTHER SIDE OF THE FORM AND ANSWER ALL QUESTIONS.

**What was your job classification?**

**What were your daily job assignments?**

**What tools and equipment did you use?**

**Did you receive travel and subsistence payments?**      ☐ Yes   ☐ No

**How were you paid?**   ☐ Check   ☐ Cash

**Were you given a check stub?**      ☐ Yes   ☐ No

**Rate of pay on this project (specify)**

**Paid overtime?**      ☐ Yes   ☐ No

**Dates you worked on this project.**    From \_\_\_\_\_ To \_\_\_\_\_

**Are you still working for this contractor?**   ☐ Yes   ☐ No

**Did your employer keep time and payroll records?**   ☐ Yes   ☐ No

**Who has possession of these records?**

**Did you keep an accurate record of your hours?**   ☐ Yes   ☐ No

**Estimate number of workers who were not paid the prevailing wage rate on this project.**

**Can you provide names, addresses, and type of work of other workers? If so, list their names below.**

**Name**

**Address**

**Type of Work**

1.

2.

3.

**I hereby certify that this is true statement to the best of my knowledge and belief.**

**MY NAME MAY BE USED IN THIS INVESTIGATION.**      ☐ Yes   ☐ No

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_